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AUG 16 1964
OLMC BPPA

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1. File Number U - 11166	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Lawrence F Neidig, Jr. P.O. Box, Bldg., Room No., if any Street 900 Seventh Street N W City Washington State District of Columbia ZIP Code + 4 20001-3886	4. Name, file number, and address of labor organization. Name International Brotherhood of Electrical Worker Labor Organization File Number 000-116 P.O. Box, Building and Room Number, if any Street 900 Seventh Street NW City Washington State District of Columbia ZIP Code + 4 20001-3886
5. Position in labor organization. Sr. Ex. Asst. to the Int Officers	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
7.b. Amount. <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 7/19/2005 Date 1-202-728-6003 Telephone Number

Name of Person Filing Lawrence Neidig, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name John Russell</p> <p>Trade Name, if any: Kelly Press</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1701 Cabin Branch Dr.</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20785-3820</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>1/13/04 Lunch</p> <p>11.b. Approximate dollar value of such dealing. \$35</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>